PTO/S0:00 (08-03)

Approved for use through 7/31/2006, OMB 0551-0032
U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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	PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									10/625/11			
	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL EN	mmy	OR	OTHER T SMALL EN		
	$\vdash$	FOR MANBER FILED			NUMBER EXTRA			RATE	FEE		RATE	FEE	
	BASIC FEE GT CFR 1.16(a))								<u> </u>	OR			
	TOTAL CLAIMS			minus 20 =	0 = •			X 8=		OR	x s=		
	INDEPENDENT CLAIMS (37 CFR 1.16(0)) minus			minus 3 =	3 • •			x s=		OR	X 8=		
	MULT	LULTIPLE DEPENDENT CLAIM PRESENT (37 (			CFR 1.16(d))			+1=		OR	+1=		
	* If the difference in column 1 is less than zero, enter "I is column 2.							TOTAL		OR	TOTAL		
			AIMS AS AME						•				
	la	2200	(Column 1)		(Column 2)			SMALL ENTITY		OR	OTHER SMALL E		
N T		40.05	CLAIMS REMAINING AFTER		HIGHEST MUMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADOF TIONAL FEE	<u> </u>	RATE	ADDI- TIONAL FEE	
ROG 10/3	ENDMENT	Total	AMENDMENT .	Minus	PAID FOR	-	1	x \$=	1	OR	x \$=		
	1 5	(37 CFR 1.14(d) Independent	39	Minus	-10			x 1=	7	OR	X \$=		
	A WE	(37 CFR 1.14(6))	ATTOM OF MILE TION	- DEPENDE	NTOLAN DICE	R i.16(d))		+5 =		OR	+s=		
	<b>1</b> -1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAM (37 CFR 1.16(4))						TOTAL ADO'L FEE		OR	TOTAL ADD'L FEE		
	(Column 1) (Column 2) (Column 3)												
	ENT		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHEST HUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADOI- TIONAL FEE	
	DME	Total GJ CFR 1.46(4)	*	Minus	**	Ę		x s=		OR	x s=		
	S	independent profit 1.1600	•	Minus	••	=		x s=		OR	X.5a		
	MA							+1		OR	+s=		
								TOTAL ADO'L FEE	<u> </u>	OR	ADO'L FEE	L	
	(Column 1) (Column 2) (Column 3)						_			<b>-</b>		<del></del>	
	· 5		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST MUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL FEE	_	RATE	ADOI- TIONAL FEE	
	Ω̈́	Total (37 OFR 1.16(d)	*	Minus	-	Ē .		x s*	<u> </u>	OR	× 8=	<b></b>	
	FNOMENT	independent O7 OFR 1.15(b))	1.	Minus	<b>-</b>	*		x 1=	↓	OR	X 8=	<del> </del>	
	1 2	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAM (37 OFR 1.18(4))						<u>+,</u>		OR	+s =	<del> </del>	
		<del></del>				المرامد ما المو داند.		ADO'L FEE	<u></u>	· OR			

<sup>•</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

• If the "Highest Number Previously Paid For" IN THS SPACE is less than 20, enter "3".

• If the "Highest Number Previously Paid For" IN THS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or independently is the highest number found in the appropriate box in column 1.

The "Highest Number Previously Paid For" (Total or independently is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fide (and by the Initial Collection of information is required by 37 CFR 1.16. The information or retain a benefit by the public which is to fide (and by the Initial Collection of information or information or information or retain a benefit by the public which is to fide (and by the Initial Collection of information or information or information or retain a benefit by the public which is to fide (and by the Initial Collection of information or retain a benefit by the public which is to fide (and by the Initial Collection of information or retain a benefit by the public which is to fide (and by the Initial Collection of information or retain a benefit by the public which is to fide (and by the Initial Collection of information or retain a benefit by the public which is to fide (and by the Initial Collection is estimated to take 12 minutes to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.